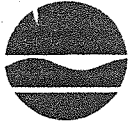


..

Exhibit 11

..



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF MATERIALS MANAGEMENT

PART 364

WASTE TRANSPORTER PERMIT NO. 1A-847

Pursuant to Article 27, Titles 3 and 15 of the Environmental Conservation Law and 6 NYCRR 364

PERMIT ISSUED TO:

LIBERTY ASHES, INC.
112 PHYLIS COURT
ELMONT, NY 11003

PERMIT TYPE:

☐ NEW
☒ RENEWAL
☐ MODIFICATION

CONTACT NAME: WILLIAM SANTOPIETRO/JEREMY
COUNTY: SILVERBERG-SUPR.
TELEPHONE NO: NASSAU
(718)739-7224

EFFECTIVE DATE: 05/19/2014
EXPIRATION DATE: **05/18/2015**
US EPA ID NUMBER: NYD987031143

AUTHORIZED WASTE TYPES BY DESTINATION FACILITY:

The Permittee is Authorized to Transport the Following Waste Type(s) to the Destination Facility listed :

Destination Facility	Location	Waste Type(s)	Note
CLEAN WATER OF NEW YORK, INC.	STATEN ISLAND , NY	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil	
COVANTA OF HEMPSTEAD	WESTBURY , NY	Non-Hazardous Industrial/Commercial	
JAMAICA RECYCLING	JAMAICA , NY	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil Waste Tires	

NOTE: By acceptance of this permit, the permittee agrees that the permit is contingent upon strict compliance with the Environmental Conservation Law, all applicable regulations, and the General Conditions printed on the back of this page.

ADDRESS: New York State Department of Environmental Conservation
Division of Materials Management - Waste Transporter Program
625 Broadway, 9th Floor
Albany, NY 12233-7251

AUTHORIZED SIGNATURE: *MG McTague* Date: 3/31/14

NOTICE

PAGE 1 OF 2

This permit is not valid until
the permittee has filed on the permit

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF MATERIALS MANAGEMENT

PART 364

WASTE TRANSPORTER PERMIT NO. 1A-847

Pursuant to Article 27, Titles 3 and 15 of the Environmental Conservation Law and 6 NYCRR 364

PERMIT ISSUED TO:

LIBERTY ASHES, INC.
112 PHYLIS COURT
ELMONT, NY 11003

PERMIT TYPE:

☐ NEW
☒ RENEWAL
☐ MODIFICATION

CONTACT NAME: WILLIAM SANTOPIETRO/JEREMY
COUNTY: SILVERBERG-SUPR.
TELEPHONE NO: NASSAU
(718)739-7224

EFFECTIVE DATE: 05/19/2014
EXPIRATION DATE: **05/18/2015**
US EPA ID NUMBER: NYD987031143

AUTHORIZED VEHICLES:

The Permittee is Authorized to Operate the Following Vehicles to Transport Waste:

(Vehicles enclosed in <>'s are authorized to haul Residential Raw Sewage and/or Septage only)

3 (Three) Permitted Vehicle(s)

NY 64121JT
NY 66489MC
NY FDF1280
End of List

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF MATERIALS MANAGEMENT
625 Broadway, 9th Floor, Albany NY 12233-7251

WASTE TRANSPORTER PERMIT RENEWAL NOTICE & APPLICATION

Pursuant to Article 27, Titles 3 and 15 of the Environmental Conservation Law, 6 NYCRR Part 364 & 6 NYCRR Part 381

PART 1 - RENEWAL NOTICE

LIBERTY ASHES, INC.
WILLIAM SANTOPIETRO/JEREMY SILVERBERG-SUPR.
112 PHYLIS COURT
ELMONT, NY 11003

PERMIT NO.**1A-847**

Date of Notice: 02/25/2014

Expiration Date: 05/18/2014

Application Due Date: 04/18/2014

Your current 6 NYCRR Part 364 Waste Transporter Permit (and Part 381 Low-Level Radioactive Waste (LLRW) Transporter Permit - if applicable) expires on **05/18/2014**. If you wish to renew your permit(s), please complete this renewal form and mail it to the above address by **04/18/2014**. If modifications need to be made to your permit(s), please make the appropriate changes on this Notice and all attached forms. All forms must be submitted by mail. **Do not send payment. You will be billed separately.**

If you do not submit your renewal application by **04/18/2014**, your permit will expire on **05/18/2014**. If your permit expires, you will have to apply for a new permit, in which case you will be assigned a new permit number.

NOTE: In order to process your renewal, you must at this time:

> Pay all outstanding Regulatory Fees in full by calling 518-402-9343.

> Provide proof of liability insurance, as required by New York State Environmental Conservation Law.

➔ Submit an Annual Report for the previous calendar year.

If you have any questions concerning this renewal notice and/or application, please call the Waste Transporter Program at (518) 402-8792 (for Low-Level Radioactive Waste Transporter Program call (518) 402-8579).

PART 2 - RENEWAL APPLICATION

I authorize the NYS Department of Environmental Conservation, Division of Materials Management, to take the following action on my Part 364 Waste Transporter Permit (and Part 381 Low-Level Radioactive Waste (LLRW) Transporter Permit, if applicable):

- ☒ Renew (with no changes)
☐ Renew with modifications (PLEASE MAKE APPROPRIATE CHANGES ON THIS FORM.)
☐ Do not renew

If any of the following information listed below is incorrect, please draw a line through the incorrect information and print the corrections below it. Please provide any missing information as well:

NAME: LIBERTY ASHES, INC.

EPA ID#: NYD987031143

STREET: 112 PHYLIS COURT

CONTACT: WILLIAM SANTOPIETRO/JEREMY SILVERBERG-SUPR.

STREET:

PHONE: (718)739-7224

CITY: ELMONT

COUNTY: Nassau

STATE: NY

ZIP: 11003

CERTIFICATION:

I hereby affirm that I will deliver waste only to facilities authorized by the host state to accept such waste. I understand that I will be responsible for payment of Regulatory Fees associated with this permit even if the vehicle(s) are not used.

I also affirm that all transfer, storage, treatment and disposal facilities to which I transported waste, indicated by my annual report amounts entered in the following pages, are authorized to accept this type of waste, and can so demonstrate if requested to do so. The reported waste amount information provided in this form is true to the best of my knowledge and belief.

False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the NYS Penal Law and may result in revocation of my transporter permit.

Print Name Jeremy Silverberg	Title Supervisor
Authorized Signature <i>Jeremy Silverberg</i>	Date 3-3-14

PAGE 1 OF 7

*mailed Reg. mail
3/27/14*

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF MATERIALS MANAGEMENT
625 Broadway, 9th Floor, Albany NY 12233-7251

WASTE TRANSPORTER PERMIT RENEWAL NOTICE & APPLICATION

Pursuant to Article 27, Titles 3 and 15 of the Environmental Conservation Law, 6 NYCRR Part 364 & 6 NYCRR Part 381

Transporter Name: LIBERTY ASHES, INC.	Permit No. 1A-847 Expires: 05/18/2014
--	--

Annual Report Waste Collection Information
For reporting period January 1, 2013 to December 31, 2013

**** Units MUST be indicated in gallons or tons ONLY ****

Waste picked up outside of NYS and transported to a facility outside of NYS does not need to be reported.

Type of Waste	Amount of waste picked up	
	Within NYS	Outside NYS
Non-Hazardous Industrial/Commercial	tons	tons
Gas Well Drill Cuttings	tons	tons
Oil and Gas Production Waste	tons	tons
Asbestos	tons	tons
Petroleum Contaminated Soil	tons	tons
Waste Tires	tons	tons
Grease Trap Waste	gallons	gallons
Septage only (residential)	gallons	gallons
Residential Raw Sewage including Portable Toilet Waste	gallons	gallons
Non-Residential Raw Sewage or Sewage-Contaminated Wastes	gallons	gallons
Sludge from Sewage or Water Supply Treatment Plant	gallons	gallons
Hazardous Industrial/Commercial	tons	tons
Waste Oil	gallons	gallons
Medical	tons	tons
Low-Level Radioactive Waste (LLRW)	tons	tons
Mixed Waste (LLRW mixed with Hazardous Waste)	tons	tons

NONE in 2013

PAGE 3 OF 7

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF MATERIALS MANAGEMENT
625 Broadway, 9th Floor, Albany NY 12233-7251

WASTE TRANSPORTER PERMIT RENEWAL NOTICE & APPLICATION

Pursuant to Article 27, Titles 3 and 15 of the Environmental Conservation Law, 6 NYCRR Part 364 & 6 NYCRR Part 381

Transporter Name: LIBERTY ASHES, INC.	Permit No. 1A-847 Expires: 05/18/2014
--	--

Annual Report Destination Facility Information
For reporting period January 1, 2013 to December 31, 2013

Destination Facility

If any information is incorrect, please draw a line through the incorrect information and print or type corrections below it.

FACILITY NAME: COVANTA OF HEMPSTEAD CONTACT NAME: BRAD LEBORITZ
STREET ADDRESS: 600 MERCHANTS CONCOURSE
CITY: WESTBURY STATE: NY ZIP: 11590 PHONE: (516)683-5400

Waste Information

For your renewal		Waste Description	Annual Report Amounts		Units**
Add	Delete*		Within NYS	Outside NYS	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-Hazardous Industrial/Commercial			tons
<input type="checkbox"/>	<input type="checkbox"/>	Gas Well Drill Cuttings			tons
<input type="checkbox"/>	<input type="checkbox"/>	Oil and Gas Production Waste			tons
<input type="checkbox"/>	<input type="checkbox"/>	Asbestos			tons
<input type="checkbox"/>	<input type="checkbox"/>	Petroleum Contaminated Soil			tons
<input type="checkbox"/>	<input type="checkbox"/>	Waste Tires			tons
<input type="checkbox"/>	<input type="checkbox"/>	Grease Trap Waste			gallons
<input type="checkbox"/>	<input type="checkbox"/>	Septage only (residential)			gallons
<input type="checkbox"/>	<input type="checkbox"/>	Residential Raw Sewage including Portable Toilet Waste			gallons
<input type="checkbox"/>	<input type="checkbox"/>	Non-Residential Raw Sewage or Sewage-Contaminated Wastes			gallons
<input type="checkbox"/>	<input type="checkbox"/>	Sludge from Sewage or Water Supply Treatment Plant			gallons
<input type="checkbox"/>	<input type="checkbox"/>	Hazardous Industrial/Commercial			tons
<input type="checkbox"/>	<input type="checkbox"/>	Waste Oil			gallons
<input type="checkbox"/>	<input type="checkbox"/>	Medical			tons
<input type="checkbox"/>	<input type="checkbox"/>	Low-Level Radioactive Waste (LLRW)			tons
<input type="checkbox"/>	<input type="checkbox"/>	Mixed Waste (LLRW mixed with Hazardous Waste)			tons

* If you are removing a waste type from this destination facility, you must still fill in an Annual Report Amount for the reporting period indicated at the top of the page.

** Units must be indicated in GALLONS or TONS ONLY.

NONE in 2013

PAGE 5 OF 7

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF MATERIALS MANAGEMENT
625 Broadway, 9th Floor, Albany NY 12233-7251

WASTE TRANSPORTER PERMIT RENEWAL NOTICE & APPLICATION

Pursuant to Article 27, Titles 3 and 15 of the Environmental Conservation Law, 6 NYCRR Part 364 & 6 NYCRR Part 381

Transporter Name:	Permit No. Expires:
-------------------	------------------------

Annual Report Destination Facility Information
For reporting period January 1, 2013 to December 31, 2013

Destination Facility

FACILITY NAME:		CONTACT NAME:			
STREET ADDRESS:		FAC. PERMIT/REG#:			
CITY:	STATE:	ZIP:	PHONE:		
Waste Information					
For your renewal		Waste Description	Annual Report Amounts		Units**
Add	Delete*		Within NYS	Outside NYS	
<input type="checkbox"/>	<input type="checkbox"/>	Non-Hazardous Industrial/Commercial			tons
<input type="checkbox"/>	<input type="checkbox"/>	Gas Well Drill Cuttings			tons
<input type="checkbox"/>	<input type="checkbox"/>	Oil and Gas Production Waste			tons
<input type="checkbox"/>	<input type="checkbox"/>	Asbestos			tons
<input type="checkbox"/>	<input type="checkbox"/>	Petroleum Contaminated Soil			tons
<input type="checkbox"/>	<input type="checkbox"/>	Waste Tires			tons
<input type="checkbox"/>	<input type="checkbox"/>	Grease Trap Waste			gallons
<input type="checkbox"/>	<input type="checkbox"/>	Septage only (residential)			gallons
<input type="checkbox"/>	<input type="checkbox"/>	Residential Raw Sewage including Portable Toilet Waste			gallons
<input type="checkbox"/>	<input type="checkbox"/>	Non-Residential Raw Sewage or Sewage-Contaminated Wastes			gallons
<input type="checkbox"/>	<input type="checkbox"/>	Sludge from Sewage or Water Supply Treatment Plant			gallons
<input type="checkbox"/>	<input type="checkbox"/>	Hazardous Industrial/Commercial			tons
<input type="checkbox"/>	<input type="checkbox"/>	Waste Oil			gallons
<input type="checkbox"/>	<input type="checkbox"/>	Medical			tons
<input type="checkbox"/>	<input type="checkbox"/>	Low-Level Radioactive Waste (LLRW)			tons
<input type="checkbox"/>	<input type="checkbox"/>	Mixed Waste (LLRW mixed with Hazardous Waste)			tons

* If you are removing a waste type from this destination facility, you must still fill in an Annual Report Amount for the reporting period indicated at the top of the page.


** Units must be indicated in GALLONS or TONS ONLY.

Use additional pages as necessary to include all Destination Facilities you wish to utilize.

PAGE 7 OF 7

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

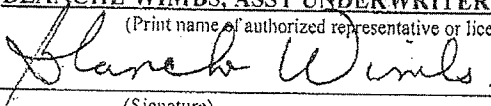
1a. Legal Name & Address of Insured (Use street address only) LIBERTY ASHES INC. 112 PHYLLIS COURT ELMONT, NY 11003 <i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i>	1b. Business Telephone Number of Insured 1c. NYS Unemployment Insurance Employer Registration Number of Insured 1d. Federal Employer Identification Number of Insured or Social Security Number 
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION DIVISION OF MATERIALS MANAGEMENT BUREAU OF PERMITTING & PLANNING 625 BROADWAY, 9 TH FL. ALBANY, NY 12233-7251	3a. Name of Insurance Carrier HEREFORD INSURANCE COMPANY 36-01 43 RD AVENUE LONG ISLAND CITY, N.Y. 11101 3b. Policy Number of entity listed in box "1a" 213SWC0001 3c. Policy effective period 6/30/2013 – 6/30/2014 3d. The Proprietor, Partners or Executive Officers are Included (Only check box if all partners/officers included)

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under **Item 3A** on the **INFORMATION PAGE** of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: BLANCHE WIMBS, ASST UNDERWRITER
(Print name of authorized representative or licensed agent of insurance carrier)
 Approved by:  3/6/2014
(Signature) (Date)

Title: ASST UNDERWRITER, HEREFORD INSURANCE COMPANY

Telephone Number of authorized representative or licensed agent of insurance carrier: (718) 361-9191 EXT. 7175

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

Workers' Compensation Law

Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.
2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/4/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER TCE Insurance Services Inc 490 Wheeler Road Suite 251 Hauppauge NY 11788 INSURED Liberty Ashes Inc 112 Phyllis Ct " " Elmont NY 11003	CONTACT NAME: Toni LaMendola PHONE (A/C, No, Ext): (631) 352-5700 FAX (A/C, No): (631) 761-6486 E-MAIL ADDRESS: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Nautilus Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B: New South Ins. Co.</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Nautilus Insurance Company		INSURER B: New South Ins. Co.		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Nautilus Insurance Company															
INSURER B: New South Ins. Co.															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: CL135704341

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Each occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		NN312103	5/7/2013	5/7/2014	MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
B	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Each accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS		2002018787	5/3/2013	5/3/2014	BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input checked="" type="checkbox"/> NON-OWNED AUTOS				Medical payments \$ 5,000
	UMBRELLA LIAB					EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	DED	RETENTION \$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

New York State Dept of Environmental Conservation Division of Materials Mng Bureau of Permitting & Planning 625 Broadway, 9th Floor Albany, NY 12233

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

William DeMaio/TL

ACORD 25 (2010/05)

© 1988-2010 ACORD CORPORATION. All rights reserved.

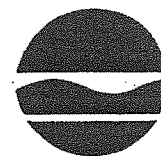
INS025 (2010/05) 01

The ACORD name and logo are registered marks of ACORD

Confidential

DEF006553

New York State Department of Environmental Conservation
 Division of Materials Management
 625 Broadway, 9th Floor, Albany, New York 12233-7251
 Phone: (518) 402-8792 • Fax: (518) 402-9034
 Website: www.dec.ny.gov



CERTIFICATION OF HAZARDOUS MATERIALS & OSHA TRAINING FOR TRANSPORTERS OF HAZARDOUS INDUSTRIAL/COMMERCIAL WASTE, AND REGULATED MEDICAL WASTE IN NEW YORK STATE

Certification that all employees who are or will be involved in the transportation and handling of hazardous materials have been, or will be trained before they handle hazardous materials, in accordance with the requirements set forth in 49 CFR §172.704 and 172.602, and 29 CFR §1910.120 and 1910.1200 is required by the New York State Department of Environmental Conservation in order to obtain and maintain a Part 364 Waste Transporter Permit. This includes the transportation of hazardous industrial/commercial waste and regulated medical waste.

The text of 49 CFR §172.704 and 172.602 are reproduced here for your convenience.

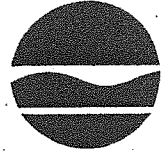
49 CFR §172.704:

- (a) Hazmat employee training must include the following:
- (1) *General awareness/familiarization training.* Each hazmat employee shall be provided general awareness/familiarization training designed to provide familiarity with the requirements of this subchapter, and to enable the employee to recognize and identify hazardous materials consistent with the hazard communication standards of this subchapter.
 - (2) *Function specific training.*
 - (i) Each hazmat employee shall be provided function-specific training concerning requirements of this subchapter, or exemption issued under subchapter A of this chapter, which are specifically applicable to the functions the employee performs.
 - (ii) As an alternative to function-specific training on the requirements of this subchapter, training relating to the requirements of the ICAO Technical Instructions and the IMDG Code may be provided to the extent such training addresses functions authorized by §§ 171.11 and 171.12 of this subchapter.
 - (3) *Safety training.* Each hazmat employee shall receive safety training concerning –
 - (i) Emergency response information required by subpart G of part 172;
 - (ii) Measures to protect the employee from the hazards associated with hazardous materials to which they may be exposed in the work place, including specific measures the hazmat employer has implemented to protect employees from exposure; and
 - (iii) Methods and procedures for avoiding accidents, such as the proper procedures for handling packages containing hazardous materials.
 - (4) *Security awareness training.* No later than the date of the first scheduled recurrent training after March 25, 2003, and in no case later than March 24, 2006, each hazmat employee must receive training that provides an awareness of security risks associated with hazardous materials transportation and methods designed to enhance transportation security. This training must also include a component covering how to recognize and respond to possible security threats. After March 25, 2003, new hazmat employees must receive the security awareness training required by this paragraph within 90 days after employment.

49 CFR §172.602:

- (a) Information required. For purposes of this subpart, the term “emergency response information” means information that can be used in the mitigation of an incident involving hazardous materials and, as a minimum, must contain the following information:
- (1) The basic description and technical name of the hazardous material as required by §§ 172.202 and 172.203(k), the ICAO Technical Instructions, the IMDG Code, or the TDG Regulations, as appropriate (see §171.7 of this subchapter);
 - (2) Immediate hazardous to health;
 - (3) Risks of fire or explosion;
 - (4) Immediate precautions to be taken in the event of an accident or incident;
 - (5) Immediate methods for handling fires;
 - (6) Initial methods for handling spills or leaks in the absence of fire; and
 - (7) Preliminary first aid measures.
- (b) Form of information. The information required for a hazardous material by paragraph (a) of this section must be:
- (1) Printed legibly in English;
 - (2) Available for use away from the package containing the hazardous material; and
 - (3) Presented –
 - (i) On a shipping paper;
 - (ii) In a document, other than a shipping paper, that includes both the basic description and technical name of the hazardous material as required by §§§§ 172.202 and 172.203(k), the ICAO Technical Instructions, the IMDG Code, or the TDG Regulations, as appropriate, and the emergency response information required by this subpart (e.g., a material safety data sheet); or
 - (iii) Related to the information on a shipping paper, a written notification to pilot-in-command, or a dangerous cargo manifest, in a separate document (e.g., an emergency response guidance document), in a manner that cross-references the description of the hazardous material on the shipping paper with the emergency response information contained in the document. Aboard aircraft, the ICAO “Emergency Response Guidance for Aircraft Incidents Involving Dangerous Goods” and, aboard vessels, the IMO “Emergency Procedures for Ships Carrying Dangerous Goods,” or equivalent documents, may be used to satisfy the requirements of this section for a separate document.
- (c) Maintenance of information. Emergency response information shall be maintained as follows:
- (1) *Carriers.* Each carrier who transports a hazardous material shall maintain the information specified in paragraph (a) of this section and § 172.606 of this part in the same manner as prescribed for shipping papers, except that the information must be maintained in the same manner aboard aircraft as the notification of pilot-in-command, and aboard vessels in the same manner as the dangerous cargo manifest. This information must be immediately accessible to train crew personnel, drivers of motor vehicles, flight crew members, and bridge personnel on vessels for use in the event of incidents involving hazardous materials.

New York State Department of Environmental Conservation
Division of Materials Management
Bureau of Permitting & Planning
625 Broadway, 9th Floor, Albany, New York 12233-7251
Phone: (518) 402-8792 • Fax: (518) 402-9034
Website: www.dec.ny.gov



NOTICE

Regarding Workers' Compensation Insurance

NYSDEC, as part of issuing a new Part 364 Waste Transporter Permit or renewing an existing Part 364 Waste Transporter Permit, is required to receive documentation regarding Workers' Compensation Insurance.

Please submit acceptable Workers' Compensation documentation with your Permit Application or Permit Renewal.

Acceptable forms/certificates are:

- CE-200 – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage (this can be obtained from www.wcb.ny.gov under "Forms," where it can be printed immediately upon completion of the electronic application);
- C-105.2 or NTSIF U-26.3 – Certification of Workers' Compensation Insurance;
- SI-12 or GSI-105.2 – Certificate of Workers' Compensation Self-Insurance;
- ACORD 25 – Certificate of Liability Insurance; or
- WSIB/CSPAAT – Certificate of Clearance, for Canadian Transporters.

For questions concerning Workers' Compensation, please call New York State Workers' Compensation Board at (866) 298-7830, or contact the Board through www.wcb.ny.gov.